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## CLINICAL LECTURE.

**FRACTURE OF THE NOSE.—TALIPES.  
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SPLINT.<sup>1</sup>**

BY JOHN H. PACKARD, M. D.,

VISITING SURGEON TO THE PENNSYLVANIA HOSPITAL.

### Fracture of Nose.

*Gentlemen:* This patient is one to whom I wish to call your particular attention, because he presents a condition not often seen in a clinic. This man has a contusion of the eye, and upon this side of his bruised and swollen nose I feel distinct crepitus. Often in the so-called cases of fracture of the nose

are really displacements of the cartilages of the nose from the nasal bones, the line of articulation being found just above the pad of the ala, the supposed fracture being merely a separation of the parts. I feel here, however, the crackling of the fragments, and I wish to ascertain whether or not the bones are in their proper position. In order to do this I take a grooved director, choosing this instrument on account of its firmness, and pass it up the nose and close to the septum, thus avoiding the upper turbinated bones. I find the fragments almost exactly in position. Had they been displaced, I should have taken a roll of carbolyzed lint and plugged the nostril, thus pressing the bones into place and holding them there. In treating cases of this kind, frequently the separation of the cartilages is not properly replaced, and as a result there is a permanent disfigurement. The vomer and the perpendicular plate of the ethmoid bone are not disturbed in this case, but there is merely a cracking of the nasal bone upon this right side. No disfigurement will result.

<sup>1</sup>Delivered at the Pennsylvania Hospital.

In examining the nose, you see I have produced quite a free hemorrhage. A common error is to draw cold water or ice-water into the nose to stop the bleeding. Hot water is a much better hemostatic, and we will use it here.

### Talipes.

I now show you this case of varus which has been brought here for operation. The patient is a colored girl who states that she is eleven years old. When I show you the condition of things here, it appears as if we could do something for this ankle by taking out the astragalus or the cuboid bone and thus bring the foot down so that she would be able to walk. But when I show you her knee, you see that it is in a state of actual dislocation. The head of the tibia fits against the back of the condyles of the femur and there is a new joint surface on the posterior surface of the condyles instead of at their extremities. I could remedy this also, but if I did, I should have here another condition to confront, namely, a wasting of the glutei muscles. There is a flatness of this hip, and the trochanter, which should be like that of the other side, can scarcely be seen; and when I rotate the limb, the arc of rotation of the trochanter is very slight, showing that the neck of the bone is short, and the head of the bone very small. The upshot of all this is, that some cases of deformity may be remedied, but the results obtained would not justify the necessary operative procedures, as there would not be enough accomplished towards the bettering of the condition, and making the limb useful, to warrant the operation. This case is one of this class, and the advice I would give to the child's parents would be that she be allowed to continue the use of her crutch, and that they should not subject her to an operation.

### Injury of Shoulder.

I now show you a child who has been before you once or twice before. The case is one of an injury to the shoulder in which suppurative of the joint had occurred; and it was decided on full consultation with my colleagues that an excision of the upper portion of the bone should be performed; but the case has improved so greatly under treatment that I postponed operation indefinitely and shall merely dress it before you to-day. To do this I employ this zinc cap for the shoulder, which gives support to the parts

and holds them in place. This should not be carried too far over the shoulder, or else it will defeat the object you wish to accomplish, namely, the holding of the head of the humerus in place. If the cap extends too far over, it rests upon the clavicle, and does not affect the humerus at all. This cap just reaches to the point of the shoulder, as you see. An injury like this in an adult would probably have much more serious results than it does in this child. In making the shoulder cap, cut the zinc larger than you need, and then turn it down, and trim it to suit your case. You see, it holds itself in position. It is turned so as to fit nearly to the axilla anteriorly and posteriorly, and over the shoulder. There is a considerable degree of motion in this shoulder joint. There is no fracture of the joint here, but of the surgical neck of the humerus, and there is a little dead bone present, but if the opening will heal up, I will not interfere with it. I will replace the splint and show you the patient some time again. This is a very instructive case, and I believe the boy will get entire freedom of movement in the joint.

### Colles's Fracture.

The next case is an old woman with a Colles's fracture. The most essential point in the treatment of this fracture is the reduction. If you do not reduce it you get a poor result, no matter what appliances you may use. I applied to this a Levis's splint, which is a very excellent form. There is a very slight deformity here, but not enough to make any material difference, especially as the woman has naturally a prominent ulna, and one of the remaining traces of every Colles's fracture, is a projection of the ulna. In this case the natural condition must be taken into consideration. There is about the same amount of dropping of the two wrists. In some cases of this injury, the fragments may remain in place, no deformity result. But if you have a persistent tenderness in the bone, you may be certain that there is a fracture. One word in regard to the splint. It is a matter of great consequence that you get a splint of the right size. You might as well run a man's foot into a child's boot as to put his limb into too small a fracture apparatus, while if the latter be too large, it will not hold the limb securely. In case of any fracture, if the patient leaves your hands with the

slightest avoidable deformity, just so far have you failed in your duty. There are cases in which shortening will necessarily occur, as in delirium tremens or to a disobedient patient, but usually it can be prevented.

### Cerebral Hernia.

I now show you the case I had before you two weeks ago, the man with a fracture of the skull just over the ear involving the temporal and parietal bones. As you will remember I removed a large fragment of the bone. There was a copious hemorrhage which I stopped by means of a plug of iodoform gauze, but it recurred, and we were obliged to re-dress the wound and insert a new plug. After this he had several very violent unilateral convulsions due, probably, to the pressure of this plug. Twice his temperature rose to  $101^{\circ}$  and a little over. You now see the wound. When I speak to the man you notice how slow and thick his speech is. This can be accounted for if you notice the position of the wound, which is upon the left side of the head close to the centre of speech. There was a loss of the substance of the brain, and I had to explore the cavity to remove fragments of bone. This loss has been attended with a degeneration of the surrounding brain tissue, involving a portion of the island of Reil, and consequently his speech is very imperfect. He sleeps almost constantly, and lies without noticing anything. You notice there is considerable swelling here, and a hernia cerebri has formed. No matter how much pressure we make upon this, it will grow. Nevertheless we shall continue our pressure upon it in the hope of stopping its growth. He is very dull, as you see, and I do not believe he has uttered a sound since the injury was received, except when disturbed by urgent questioning. His color is good, pulse slow, temperature normal, and there is a possibility we may be able to control this hernia cerebri, and the man recover. Two years ago I had a case before you in which there was a severe injury to the top of the head with an enormous loss of brain substance. The man recovered without a symptom and wanted to go out of the house in the course of a week, but was dismissed at the end of three weeks cured. This shows how a considerable amount of the brain substance may be removed with apparently no bad results. This wound was dressed entirely antisepti-

cally, and yet you see there has been a discharge. This is not pus, but degenerated brain substance. It is an interesting fact that often cases, in which there is a most trivial wound of the brain, will die, while those in which there is a terrible injury will recover entirely. You will recall, for instance, the celebrated case in which a crowbar was driven through the brain, but the man got well. It is important to remember this fact; you should never neglect an injury of the head however slight. If there be any shock attending the injury, never regard it as trifling, for there has been a concussion or commotion of the brain-substance. [This patient is now, November 15, almost entirely well.]

### Foreign Body in Finger-Joint.

This man has had a small iron pin driven into his finger-joint by some machinery. He has now a marked degree of arthritis, and believes that the pin must have been left in the joint. I will proceed to open the joint; I shall do so simply to treat the arthritis, with the expectation that the man will have a perfectly movable finger. This operation, which is one of the modern improvements in surgery, will prevent the further progress of the trouble. We are now able to open joints, wash them out, and close them antiseptically. It seems as if this injury of the finger is a small affair, but when we consider that the man's livelihood depends upon the condition of his hand, it becomes a matter of greater importance. Should this operation fail, and he recovers with a stiffened joint, he is then no worse than he would have been were the case allowed to run on, and his condition then could be relieved by amputation. I wish to avoid dividing the tendon or injuring the vessels, and to do this I make my incision at a point between the extensor tendon and the side of the finger, that is, along what I should call the corner of the finger. I make the incision an oblique one, so as to get the most complete closure afterwards. The pin is here. It seems a simple thing to take out a foreign body embedded in the tissues, but it is often a matter of great difficulty. This pin had partly penetrated the bone. I will wash out the joint, and will place the finger upon a straight splint, after ligating all bleeding points, and inserting a small drain. [Complete restoration of the mobility of the joint resulted in this case.]



### Stromeyer Splint.

I wish to dress this case of elbow trouble before you to show you the use of the Stromeyer splint which is an apparatus devised to preserve the mobility of the joint. This man, when he entered, had scarcely any power of flexion in his arm. I divided the tissues just over the most prominent part of the lower fragment, which I chiseled away, and dressed the wound with the arm at a right angle. If I did not want to get motion here, I should not remove the dressing. There is not much motion here now, but by manipulation I can secure a certain amount of motion in the way of flexion and extension, and slightly in pronation and supination with which I will be satisfied at present. I shall again apply the Stromeyer's splint adjusting the angle by means of these screws to the new angle in which I have placed the arm. I hope, by means of this splint, to save this man the use of his joint. [This patient was shown to the class four weeks later, with the power of flexing the elbow to less than a right angle, and with almost perfect pronation and supination.]

## COMMUNICATIONS.

### CYSTIC TUMOR FORMED BY HERNIA SAC.

BY C. L. BOWER, M. D.,

ADJUNCT PROFESSOR OF CLINICAL AND OPERATIVE  
SURGERY IN THE PHILADELPHIA POLYCLINIC,  
ASSISTANT SURGEON TO ST. AGNES'S HOS-  
PITAL, AND SURGEON TO ST. CLEMENT'S  
DISPENSARY.

A woman with the following history recently came under my care:

Sarah E. D., 45 years old, while washing clothes eight years ago, suddenly felt something give way in the lower part of her abdomen on the left side, and found that she was unable to walk, on account of pain and weakness. On examination she discovered a tumor, about the size of her fist, in the left inguinal region. It was diagnosed an inguinal hernia by her physician, who undertook to reduce by taxis. He only succeeded after three hours' work, the patient being under ether. A truss was then applied, which the patient wore without any discomfort until one year ago when it began to give her such pain that she was

compelled to stop using it. After a little while she found that she could not reduce the hernia. The pain continued at intervals and caused her considerable inconvenience.

When she first came to me for treatment, I found, on examination, a tumor, about the size of a goose egg, in the left inguinal region, protruding from the external ring. The growth was irreducible and caused her some pain on pressure. It was apparently an incarcerated hernia. An operation was therefore advised, to which the patient consented.

She was etherized and prepared aseptically, and every precaution taken throughout the entire operation to insure asepsis. An incision about three inches long was made directly over the tumor, and the tissues dissected away until the sac was reached. This was pear-shaped, the neck completely filling the external inguinal ring. After carefully enucleating the sac, I prepared to open it. Although there was no gut to be felt, there appeared to be a small piece of omentum, which would not go back into the abdominal cavity. On opening the sac nearly six ounces of straw-colored fluid escaped, and on exploring the sac found that there was no opening into the bowel. Attached to the upper part was an irregular piece of tissue, two and a half inches long, which hung down into the cavity of the sac, resembling a mass of inflammatory tissue or altered omentum. The pedicle was then ligated, the sac removed, and the wound closed with catgut sutures, and a dry gauze dressing applied. The wound healed by first intention and the patient has had no further trouble.

The case, in my mind, is evidently one of an old hernia cured by pressure of the truss, which, however, excited an inflammation at the neck of the sac, causing the tissues to become painful. The walls of the sac, included in the inguinal canal, being pressed together by the truss a plastic inflammation was set up which permanently closed it. The sac thus formed remained a simple cyst.

—An operation to relieve paralysis of the lower part of the body, resulting from fracture of the spine, was performed by Dr. Thomas G. Morton at the Pennsylvania Hospital a few days ago. Dr. Morton says he has performed two operations of the same nature, with a fair degree of success.



## CREMATION.

## WHAT IS THOUGHT OF IT BY PHYSICIANS.

INTERVIEWS WITH PHYSICIANS BY A REPRESENTATIVE OF THE MEDICAL AND SURGICAL REPORTER.

## SECOND SERIES.—PHILADELPHIA.

DR. ALFRED STILLÉ, although confessing that he had not given the matter much study, and did not care to express any very strong opinions on the subject, said that the only hygienic way in which the bodies of the dead can be disposed of is by their entire destruction, as far and as quickly as possible, whether this is done by cremation or otherwise. Cremation is, of course, most practicable. Inhumation is, without doubt, a most insanitary custom. Both in England and in this country several epidemics—especially of typhoid fever—have been traced to ground pollution. Dr. Stillé said that all countries adopt the most convenient and natural method for the disposal of their dead. Thus in Egypt, where burial on the banks of the Nile was forbidden for fear of river pollution, where burial in the shifting sands of the desert was impossible, and where the scarcity of fuel precluded cremation, mummification, or embalming, was adopted. In India, where fuel abounded, cremation is still a common custom. Here in America, on account of the vast extent of ground, inhumation had become popular. The disposition of his own body is a matter of indifference to him. Regarding his family, sentiment and custom would lead him to burial rather than to cremation. Although fully alive to the benefits obtained by cremation, Dr. Stillé does not think that at present the wholesale introduction of cremation into our United States is of pressing necessity.

DR. JAMES H. HUTCHINSON said he had little to say on the subject, and it was with difficulty that our representative could induce him to say even that. Dr. Hutchinson evinces the stereotyped indifference regarding the fate of his own mortal remains. He admits the superiority of cremation over inhumation from a sanitary point of view. He thinks that city burials as well as burials on the banks of rivers that furnish the public with water supply are undoubtedly injurious to the public health. In his

opinion it will be hard to reconcile the public to cremation. Regarding the argument that has been advanced in opposition to cremation, viz., that the tracing of poisons will be impossible, he thinks it of but slight importance. Where any suspicion existed the bodies could be retained for a reasonable length of time. Some poisons, also, such as arsenic, could possibly be traced in the ashes even after cremation.

DR. JAMES W. HOLLAND was next seen, and our representative was entertained by a most interesting account of the crematory in Milan, which Dr. Holland had visited and which had made a deep and most favorable impression upon him. *Æsthetically*, cremation seems to him most beautiful and impressive. There is absolutely nothing distasteful or revolting about the procedure, and no room is left for improvement. The crematory at Milan is a most imposing structure, and stately in its architecture. On each side of the main building is a lofty marble columbarium. The spaces between the columns contain niches for the reception of the urns of ashes. Some of these spaces belong to families, who have erected in them altars, surmounted with beautiful groups of sculptured marble. The larger spaces belong to various Societies or Orders, and are ornamented with appropriate groups or designs in marble. Every surrounding corresponds with this *æsthetic* refinement and solemn beauty. The grounds are most beautifully and tastefully laid out, and all the unpleasantness which we naturally would associate with the disposal of the dead is absent. Dr. Holland thinks that in many instances inhumations are a source of ground pollution. In Florida and Cuba this fact is most prominent. It is also an acknowledged fact that, where the remains of cattle which have died from cattle plague or splenic fever are buried, the ground becomes so impregnated with the diseased germs, that other healthy cattle, browsing over these sites, invariably contracted the disease. "True," said Dr. Holland, "we do not 'browse' in cemeteries, yet we frequently use them as pleasure resorts, and even this cannot be entirely devoid of danger." He then spoke of the evils of city graveyards, and also of the importance of the cremation of all bodies having died from infectious or contagious diseases. The only possible objection to cremation is the inability to trace poisons in criminal cases. In the heat of the cre-

matory even arsenic would be sublimed and carried off in vapor form. It is an undeniable fact that, since it has become universally known that arsenic can always be traced in the body if present, the number of cases of arsenical poisoning have considerably decreased. Regarding the disposition of his own remains he had no choice or feeling, but would leave this entirely to the feelings or sentiments of his family, who in all probability will bury him.

DR. HANNAH CROASDALE was found to be staunch in her approval of cremation. She is of the firm opinion that the day is not far distant when cremation will become a universal custom in this country. Dr. Croasdale looks eagerly forward to such a future, for both hygienic and sentimental reasons. The value of cremation from a sanitary point of view is unquestionable. *Æsthetic*ally one can make as much ado over the ashes of one's departed as over their bodies. Personally she would make no provision for the cremation of her own body, on account of custom and usage, but would leave its disposition to her children. She believes that in certain localities burials without doubt pollute the ground.

DR. JAMES C. WILSON was also found to be an upholder of cremation. He believes it to be the only hygienic method for the disposal of the dead. Inhumation is undoubtedly a source of ground pollution. He is of the opinion that the prevalence of typhoid fever in Philadelphia is very possibly due to the contamination of the Schuylkill water supply by filtrations from the Laurel Hill Cemetery. Dr. Wilson does not think cremation will ever become general in this country, on account of the theological objections to it. Many devout Christians cannot reconcile themselves to it. Personally he would prefer to be cremated rather than buried.

DR. R. M. GIRVIN decidedly favors cremation. He said that he had influenced several of his patients to have their bodies cremated. It is his opinion that cremation is the only truly hygienic method for the disposal of the dead. Regarding the disposition of his own body, Dr. Girvin evinces the characteristic indifference of medical men. As to his family, he would have no compunction in cremating them, but, merely from usage, until cremation became more universal he would probably bury them. He does not lay much stress on ground pollution, and thinks that very

little danger to public health is incurred in this way. He hopes that cremation will ultimately become a universal custom, and is, from a sanitary as well as sentimental point of view, in accord with it.

DR. ANNA E. BROOMALL confessed an entire absence of opinion on the subject and could not be induced to commit herself either one way or the other. She said that, if she had had any personal experience with cremation she would have been pleased to tell our representative about it; but this not having been her good fortune she had nothing of interest to say.

DR. J. SOLIS COHEN warmly supports cremation, and would greatly desire the cremation of his own body, although he had made no provision to this effect, on account of the feelings of his family. Apart from a sanitary point of view, he thinks that the introduction of cremation in this country should be urged on account of the cupidity of the churches, if for no other reason. He has seen in this city, time and again, churches of various denominations sell their edifices, grounds and graves to make room for factories or business houses. In these cases the remains were cast up by the workmen and open to the gaze of the public. Cemeteries and churchyards that are now suburban may, in the course of a few years, be in the heart of the city, and may possible be treated in the same manner. So, for the one reason of desiring to guard against a possible future desecration of his remains, he favors cremation. Hygienically, Dr. Cohen thinks there can be no question as to the superiority of cremation over any other present method for the disposal of the dead. Dry ground is an excellent disinfectant and purifier, but moist or wet ground can certainly become polluted through inhumation. Dr. Cohen fears that cremation will not become popular in our day; for, he says, it takes many years to change the customs of a people. Yet he earnestly hopes that the matter will be pushed and the introduction of cremation urged without delay.

PROGRESS OF CREMATION.—There are now thirty-nine crematories in various parts of the world. Italy has twenty-three, America has ten, while England, Germany, France, Switzerland, Denmark and Sweden have one apiece. Since 1876 the cremations in Italy have been 1,177, and the total elsewhere only 1,269.

## FOREIGN CORRESPONDENCE.

## LETTER FROM BERLIN.

*Enchondroma of the Vertebral Column.—*  
*Carcinoma of the Stomach.—Trichomy-*  
*cosis nodosa.—Antiseptic Cologne.—*  
*Smokeless Gunpowder.—Magnesite Plates.*  
*—Varia.*

BERLIN, November, 1889.

The Berliner Medicinische Gesellschaft has reopened its interesting weekly meetings. At a recent meeting the venerable President, Professor Virchow, showed a rare specimen of enchondroma of the vertebral column. It was taken from a living man sixty-five years old, and is remarkable both for its size and its locality. The tumor measured 29 centimetres, and was removed from its nidus, covering the seventh and eighth ribs, with the sharp spoon. The man had first noticed eight years ago a swelling of the size of a plum, about  $2\frac{1}{2}$  inches to the left of the vertebral column. He had been unable to walk for years, and since the middle of this year had shown vesical paralysis and other spinal symptoms.

Another interesting specimen shown by Professor Virchow was one of carcinoma of the stomach. A resection had been performed by Professor Bergmann, and the patient had been discharged as cured in the beginning of August. Two weeks ago, however, he had been suddenly seized with violent gastric pain, and had to be admitted to the Charité. The autopsy revealed an extensive carcinomatous tumor which, however, on account of its peculiar locality was almost completely out of reach of palpation. The tumor lay near the lesser curvature of the stomach and had implicated the left supra-renal capsule and the solar ganglion. The cicatrix formed after the resection presented very favorable conditions.

Dr. Behrend made some interesting remarks on trichomycosis nodosa, of which affection he presented a specimen. He defined the affection as a morbid condition of hair characterized by the formation of little nodes. If such hair is drawn through the fingers, a roughness and unevenness is felt. The affection has hitherto been known chiefly by the name of Osorio's piedra, on account of its having been first described by the Spanish physicians of the U. S. of Columbia. Regarding the results of microscopical examination, a great variance of opinion

seems to exist. The view of Dr. Behrend is that the little nodes do not consist of epithelial cells but of bacillary spores which surround the hair without being able to penetrate into its interior.

The field of preventive therapeutics is steadily growing, as can be seen from the many gratifying pharmacal innovations in the line of antiseptic agents. The latest acquisition in this respect is one which is intended to benefit more the attending physician and relatives of the patients, than the patient himself, viz., antiseptic Cologne. The preparation is gotten up in bottles, on the principle of the Cologne atomizers, and is really a useful and convenient agent. The physician is supposed to carry a miniature bottle of antiseptic *Eau-de-Cologne* about his person and to sprinkle his clothes and person with this agreeable and at the same time germicidal solution before leaving the sick-room. The relatives of the patient, on the other hand, can use the Cologne for the floor, furniture, bed-clothes, urine of the patient, etc.

Your correspondent attended recently a meeting of the Berlin Polytechnical Society and obtained quite a number of interesting scientific data from it. A discussion about the so-called smokeless gunpowder, to be shortly introduced into the German and Austrian armies, was all the more interesting to me as a month or so ago I had watched the latter in action during the manœuvres of the Prussian Gardes. The invention is claimed both by an Austrian officer and Dr. Schneider, a chemist of Berlin. The composition of the powder is a State secret, and is consequently unknown to the public. It seems, however, to be tolerably sure that both gun-cotton and nitro-glycerine are among its components. The name of smokeless powder is not quite an appropriate one, as smoke is not wholly absent, but simply lessened very materially in quantity. The effects of this powder which I noted during the manœuvres were rather surprising. It was evident that in many instances the troops were wholly at a loss to indicate the direction from which the shooting proceeded. The general impression here is that the smokeless powder will greatly intensify the sacrifices and horrors of the coming wars.

A member of the Polytechnic Society presented some specimens of what he termed magnesite plates, a new material which is said to present distinct advantages as a covering material for floors, walls and roofs.



Magnesite is a hard substance, of light specific gravity, incombustible and absolutely impermeable by dampness. The latter property places magnesite at once in a favorable hygienic light. But there is still another virtue in magnesite, which will render floors covered with it a blessing to many persons, particularly in German cities. Magnesite deadens the sound almost completely, and will be quite useful in German flats with one or two pianos on each floor.

Of interest also was a paper read by a member, in which he endeavored to show that carbonate of sodium, if added to the water used for making coffee, improves the latter considerably. The reason of this improvement the lecturer placed in the greater solubility of caffeine in water in which some carbonate of sodium had been dissolved. I think it is time that something should be discovered to improve the German coffee. I, for my part, am quite sure that I have not obtained a good cup of coffee since I left America. There is, besides, but little coffee and still less tea drank in the Vaterland, beer being the general drink. This beverage in its pure and nutritive state in which it is obtained in Germany appears really preferable to the strong teas and coffees indulged in in America. To be sure this point is open to argument. The question also arose in the Polytechnic Society whether salicylic acid and glycerine, used as constituents of beer, are to be regarded as deleterious. The question was answered in the affirmative in regard to salicylic acid and in the negative in regard to glycerine. This agent, it was stated, besides being wholly innocuous, was often formed in the digestive tract—in small quantities to be sure—during fermentative processes, as a by-product of alcohol and carbonic acid. The laxative properties of glycerine, besides, render it really a beneficial constituent of beer.

Last week a monument was erected to the memory of Prof. Bardeleben, the Nestor of German surgery, in the home of his useful and untiring labor, viz., the Charité.

The death of Prof. Jacobsohn, the famous oculist of Königsberg, has awakened deep sympathy, not only in the medical profession but also among the laity. His skill and unselfishness were both unrivaled. The best portion of his life was spent in attending to the eyes of the poor people of Eastern Prussia. He was a pupil of Graefe and worked very hard for the separation of ophthalmology from general internal medicine and for

its promotion to the rank of a special science. After a fight of twenty-five years, he succeeded at last in forcing the government to erect the first special eye-clinic in Prussia, viz., at the University of Königsberg.

## PERISCOPE.

### Intussusception Treated by Inflation.

In the *Lancet*, Nov. 30, 1889, Dr. David W. Finlay, Physician to the Middlesex Hospital, reports an interesting case of intussusception successfully treated by inflation of air. Another under the care of Dr. Cheadle was published in the *Lancet*, Jan. 20, 1889, and reference is made in connection with it to cases previously occurring in the Hospital for Sick Children, Great Ormond street.

Dr. Finlay's patient was a boy 8 years old admitted into the Middlesex Hospital about 1 P. M. Oct. 4, 1887, with the following history: At half-past eight the same morning he suddenly complained of pain in the abdomen, almost immediately after which he went to stool, straining much, but did not pass anything. He was able to take a little breakfast, but vomited it. Before noon he had been to stool two or three times, and on the last occasion it was noticed that he had passed blood. On admission he was found to be suffering from tenesmus, and his bowels were frequently moved, a small quantity of blood and mucus being voided on each occasion. He suffered pain only just before the bowels acted, and at the same time he was attacked by vomiting and retching. The abdomen was not distended, but the left side was slightly fuller than the right. On palpation the muscles of the left side were rigid, and there was some dulness on percussion from below the left hypochondrium to the iliac crest. A sausage-shaped swelling could be felt extending from about the level of the umbilicus in an oblique direction from without inwards down to the left iliac fossa. The diagnosis being perfectly clear, it was at once decided to try the effect of inflation, and at 2.30 P. M. chloroform was administered and the operation performed with a small pair of ordinary bellows, the nozzle being covered with an india rubber tube, which was passed for two or three inches into the rectum. Previously to this the opportunity was taken of making a digital examination of the bowel, in which,

however, nothing abnormal was discovered. Under the anæsthetic the tumor in the left iliac region was much more distinctly felt. The abdomen was somewhat, but not greatly, distended by the inflation, and after two or three minutes it was found that the swelling had disappeared. The tube was then withdrawn and the boy was left at rest, a mixture containing three minims of tincture of opium and five minims of spirit of chloroform being ordered to be taken every three hours. During the following night he had several attacks of vomiting, and lay with his legs drawn up. As he had passed no urine since admission, it was drawn off by catheter; to the extent of only two ounces, however. It was very acid, sp. gr. 1.045, and deposited an abundant sediment of white lithates, being otherwise normal. He had slept for about five hours and a half during the night, and the sickness referred to came on only after drinking. The next day (Oct. 5) he was found to have no abdominal tenderness or swelling, and since the inflation he had passed no more blood, or indeed anything. He was fed with two teaspoonfuls only of liquid nourishment at a time, but vomited even that. He was accordingly ordered an effervescing mixture, with tincture of opium and hydrocyanic acid, a sinapism to the epigastrium, and half a teaspoonful of meat juice in cold water occasionally. After this there was no more sickness, and he was allowed to return gradually to ordinary diet. A note made on the seventh day after admission (Oct. 10) was to the effect that he continued to improve; there was no swelling or tenderness in the abdomen, which was soft and normally resonant. The tongue was clean and moist, but the bowels had not yet been opened. Two days later he was allowed to get up. On Oct. 17 he passed a few small masses of feces almost black in color, and by the end of the month the motions were normal and recovery complete. The temperature was practically normal throughout the whole progress of the case.

The lessons to be learnt from the foregoing case, Dr. Finlay says, are tolerably obvious and simple, but it is only by systematically recording individual experiences that a sufficient body of material is to be obtained for general use. First in importance, as contributing to the favorable result, must be set down the early period at which the case came under treatment; for although cure has followed inflation in cases of several days' standing, a favorable result in these

can hardly be expected. At the same time it may be said that there are few cases in which, whatever the length of time the intussusception has existed, the effect of inflation should not be tried before recourse is had to the serious step of abdominal section. Even where the latter may be reckoned to hold out the fairest promise of success the patient when anæsthetized should be given the chance of benefit from inflation, as this, if carefully carried out, need not increase the ultimate risk of the more serious operation which may follow. Most surgical authorities recommend early laparotomy, so-called; and it is just in the early cases that the necessity for this may be obviated by inflation. Another point is that the administration of some anæsthetic is to be strongly recommended. The advantages which it affords both in clinching the diagnosis and in the satisfactory carrying out of the treatment are so obvious as to require no argument. Finally, the simplicity of the apparatus required is worthy of consideration, a pair of bellows or an injection syringe, being all that is needed.

#### Treatment of Hemorrhage after Extraction of Teeth.

Mr. Pillin, in a recent issue of the Journal of the British Dental Association, relates five cases occurring in his practice of secondary hemorrhage following tooth extraction. Three of the patients were members of the same family, but it is not mentioned whether there was any history of hemorrhagic diathesis. The cases are interesting on account of the length of time elapsing between the operation and the hemorrhage. The first, a man aged twenty-eight, had profuse bleeding commencing on the fifth day; a brother, aged thirty-one, notwithstanding the sockets were plugged immediately after the extraction, on the eighth; and a sister, twenty-five years of age, also on the eighth day. Of the two other cases hemorrhage occurred on the third and fifth days respectively. The treatment adopted successfully was plugging the sockets with cotton-wool saturated with tincture of perchloride of iron, and adapting over this a plate made of Stent's composition, lined with a mixture of tannin and gum tragacanth. Stent's composition is a preparation used by dentists for taking models of the mouth. It is harder than wax at the temperature of the body, and not so

flexible as gutta-percha, and therefore makes an accurately fitting and easily applied plug, and can be readily retained in position by keeping the jaws in contact by an ordinary four-tailed bandage.—*Lancet*, Nov. 30, 1889.

### Removal of Renal Calculi by Toxic Doses of Belladonna.

In the *Prov. Med. Jour.*, October, 1889, Dr. Murray states that, in his experience, belladonna is more beneficial than opium in relieving the pain of renal colic. In cases of renal colic, moreover, the author contends that if the drug is pushed sufficiently long, and in large enough doses, the entire removal of the calculus—first from the pelvis of the kidney to the bladder, and then from the bladder *per urethram*—often follows. Some cases are quoted illustrating this assertion. One patient had suffered for several months from repeated attacks of renal colic, during the last of which he was seen by the author, who gave belladonna until its physiological action on the eye and throat was evident, and then it was pushed further, so that in a few hours a lithic acid calculus was passed as large as an almond. In another case a youth suffered so severely from renal pain that it was decided to operate, but, before consenting, the parents consulted Dr. Murray; he ordered twenty drops of tincture of belladonna every hour, and at the end of five hours a round rough calculus was passed. The special point to be remembered in these cases is to push the drug to its toxic stage, and keep up its action after the pain has been relieved, until a fair time has been allowed for the expulsion of the stone. You may begin with forty minims of the tincture, and repeat it every two hours, increasing or diminishing the dose according to its effect on the pain.

—*London Med. Recorder*, Nov. 20, 1889.

### New Method of Transplantation of the Cornea.

Dr. A. v. Hippel, in the *Archiv für Ophthalmologie*, vol. xxxiv, p. 108, has proposed that in the well-known operation for transplantation of the cornea, whilst the entire thickness of the cornea of the rabbit from which the membrane is taken, should be removed by the trephine, only the sub-

stance of the cornea should be taken away in the patient, the membrane of Descemet being carefully left uninjured. By pursuing this method he claims to have enabled a patient who was only able before the operation to count the fingers at six feet, to read  $\frac{20}{200}$ ; whilst in a second case the patient was enabled to count the fingers at twelve feet. He considers the operation to be inappropriate for cases of ectatic leucoma, and for all cases of leucoma with complete adherence of the iris; but it is not contraindicated in cases of partial adherent leucoma, even when the opacity is of large size.—*Practitioner*, Nov., 1889.

### Drainage of Wounds.

Dr. I. Boeckel, of Strassburg, who for many years had protested against prolonged drainage in the treatment of wounds, has recently discarded drainage altogether after operations, and now regards this practice as erroneous and absurd. In favor of this opinion, a report was made in May to the Société de Chirurgie, of Paris, of thirty-six cases of operation treated in the Strassburg clinic with complete and speedy success without the use of drain tubes. This list of cases included one of trephining for compound fracture of the cranium, four of cancer of the breast, two of amputation of the thigh, and ten of resection of the knee. In most instances the wound was covered by iodoform dressing, which was allowed to remain until the completion of the healing processes. Dr. Boeckel is a firm believer in the antiseptic method, but endeavors to attain simplicity of detail in the use, during and after operation, of surgical appliances and dressings. The essential point, he holds, is to maintain a rigorous antiseptics during the operation, from the first application of the knife to the completion of the dressing. In certain operations, such as resections of the knee and elbow, and, indeed, articular and osseous resection in general, Dr. Boeckel, in order to save time and to avoid all possible risk of infection from the presence of ligatures and the temporary contact of hemostatic forceps, trusts to methodical compression and vertical elevation of the limb for the prevention of hemorrhage. The surgeon, it is held, should, in the course of a long operation, wash his hands frequently in a weak solution of corrosive sublimate. Gauze pads are



used in the place of sponges, and in order to obliterate as far as possible any cavities at the bottom of the wound, the flaps are brought together by deep sutures. Owing to these precautions, Dr. Boeckel is now able in any serious operation to dispense with the inconvenient plan of drainage, and at the same time to effect complete healing of the wound under a single dressing. In all the thirty-three cases mentioned in this report, repair, it is stated, took place in a very striking manner, and without fever, pain or suppuration.—*London Med. Recorder*, Nov. 20, 1889.

### Collapse in Typhoid.

Collapse in typhoid fever, due to heart failure, demands prompt attention. Among remedies alcoholic stimulants are of the greatest service. Digitalis, strophanthus, sparteine, caffeine, camphor, nitro-glycerine, and musk are useful adjuncts.

Dr. W. Maddren, in the *Brooklyn Med. Journal*, Dec., 1889, says that for combating a sudden danger from weakness of heart, Siberian musk in large doses is considered by several authorities to be a most efficient remedy. A subcutaneous injection of caffeine is superior to ether, as it is less painful, and more stimulating to the heart. The following formula for hypodermic injection is recommended by Tanret and Dujardin-Beaumetz:

R Caffeine . . . . . 6 grains  
Salicylate of sodium . . . . . 4½ "  
Distilled water . . . . . up to 16 minims

Dissolve with the aid of heat. Sixteen minims of the solution contain six grains of caffeine.

Strong tea or coffee will produce a powerful temporary effect. When the indications call for a stimulating effect for a longer time, camphorated oil should be administered hypodermically—one part camphor, five parts olive or almond oil, two to five syringefuls at a time. In using this remedy be careful to vary the place of introduction, and use no violence, or there may be a slough of the skin.

### Ichthyol Collodion in Erysipelas.

The local application of a coating of ichthyol collodion, prepared according to Dr. Unna's formula, is reported to be one

of the most efficient means of subduing the intumescence and of cutting short the course of erysipelas in conjunction with proper internal remedies. The formula of Unna's ichthyol collodion is as follows:

R Ichthyol,  
Ether . . . . . aa 3 5  
Collodion . . . . . 3 10

—*New York Med. Times*, Dec., 1889.

### Antisepsis in Typhoid Fever.

The so-called antiseptic treatment of typhoid fever is a valuable addition to the therapeutics of this disease. Dr. John A. McCockle, in the *Brooklyn Med. Journal*, Dec., 1889, says that it is well to begin antisepsis at the mouth by strict cleanliness and antiseptic washes. Carbolic acid is a deserving remedy, and one in which he has much confidence.

R Acidi carbol. . . . . ℥ xxiv  
Glycerin. . . . . f 3 ii  
Liquid pepsin. aromati. . . . . f 3 i  
Aque menth. pip. . . . . f 3 ii

M. Sig. A teaspoonful one hour after food.

This combination aids digestion, checks decomposition, and acts as a disinfectant.

### Chloralamid.

The new hypnotic, chloralamid, may be administered either pure or in suspension. In the first case it should be given in a wafer or capsule or mixed with a confection. Dr. Alfred S. Gubb, in the *London Med. Recorder*, Nov. 20, 1889, gives the following formula for the administration of chloralamid in suspension:

R Chloralamid . . . . . gr. xxx-xl  
Acid. hydrochlor. dil. . . . . ℥ ij  
Syrup. Rubi Idæi . . . . . f 3 iij  
Aque dest. . . . . f 3 ij

M. Sig. For one dose.

The drug may also be administered per rectum as follows:

R Chloralamid . . . . . gr. xxx-xl  
Acid hydrochlor. dil. . . . . ℥ ij  
Cognac . . . . . ℥ xvj  
Aque dest. . . . . f 3 iij

M. Sig. For one enema.

### Incisions into Soft Parts in Difficult Labor.

A bold operation is proposed by Dührssen in the *Prager medicinische Wochenschrift*, which he professes to have performed ten times. In each case the mother was saved, but all the children had died during the prolonged labor. Two of the mothers were in danger from eclampsia at the time of the operation. It is said to be indicated in old primiparæ where there is great rigidity of the parts with weak pains, when there is danger from eclampsia, after premature rupture of the membranes, when the pelvis is flattened so that the head of the child will not engage in the superior strait, and when the cervix is rigid or cicatricial as a result of venereal disease, carcinoma, ulceration, or operation. The technique is as follows: No speculum is required. The cervix is seized with the fingers or with forceps, and when the tissues are well stretched an incision over an inch deep is made towards the tuber ischii on each side, extending one and one-half inches up the vagina. The child is then easily removed. The hemorrhage is slight and easily controlled. After the birth of the child the wounds are drained and treated with iodoform. In cases of eclampsia an anæsthetic is not necessary. The chief danger seems at first to be that of the wounds being torn to a greater depth, but Dührssen asserts that there is no danger of this, inasmuch as the canal thus formed is sufficiently large to allow of the passage of the child's head without causing sufficient tension to tear the wounds any deeper.—*New York Med. Journal*, Dec. 7, 1889.

### Antifebrin in Quinsy.

In the *Wiener Medizinische Blätter* for August 8, 1889, Dr. W. Sahli writes that on the second day of a violent attack of quinsy he took seven grains of antifebrin, and within a quarter of an hour all headache and pain on swallowing or in mastication had completely disappeared. On the next day there was a slight return of pain, which was again almost immediately subdued by the repetition of the dose of antifebrin, and this treatment was continued on each reappearance of pain with the same results, until the disease had run its course.

Dr. Sahli refers to twelve cases of quinsy in which 4 grain doses of antifebrin likewise produced satisfactory results. The same

effect was also observed by the writer in the relief of pain in angina of an epidemic of scarlet fever and diphtheria. The drug relieves pain in all movements of the throat, and, by rendering the operation painless, is a great assistance to gargling the throat, especially in children, while, of course, it also assists in the administration of food.

Dr. Sahli does not, however, claim that antifebrin is a specific for angina or diphtheria, since the pathological processes are not influenced by its administration. He administers it shaken up in a little spirits and syrup.—*Therapeutic Gazette*, Nov., 1889.

### Diabetes Mellitus.

To sweeten the food of diabetics add as much as will lie on the point of a knife of the following formula:

R Saccharini . . . . . gr. lxxvij  
Sodæ bicarb. . . . . gr. xxxj  
M.

### Local Anæsthesia with Seltzer Water.

Dr. Voituriez (*Journ. de sci. méd. de Lille*) recommends the use of siphons of seltzer water for this purpose, the jet being held at about four inches from the region to be anæsthetized. He uses at first two or three bottles of seltzer, which causes an anæsthesia that will last for four or five minutes, after which a small additional quantity will suffice to prolong the effect.—*American Journal of Pharmacy*, Dec., 1889.

### Deodorized Iodoform Ointment.

The following deodorized iodoform ointment is quoted from the *Gazetta Med. di Torini*:

R Powdered iodoform . . . . . 48 grains  
Powdered roasted coffee . . . . . 48 grains  
Vaseline . . . . . 1 ounce  
Mix.

—There is some talk of establishing a Pasteur Institute at Cambridge. It is estimated that the expenses for the first year would not exceed £700. It certainly seems absurd, says *The London Med. Recorder*, October 21, that England, which furnished so large a quota of patients for M. Pasteur, should not have an inoculation station within its own shores.

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When it is desired to call our attention to something in a newspaper, mark the passage boldly with a colored pencil, and write on the wrapper "Marked copy." Unless this is done, newspapers are not looked at.

The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

## THE END OF THE YEAR.

With the conclusion of another year and of the sixty-first volume of the REPORTER, the Editor extends to its readers his best wishes for their prosperity and happiness, and his thanks for the evidence they have given of their sympathy with principles which have guided him in conducting it.

We trust that the readers of the REPORTER will have observed steady improvement in the character of the original articles, and the development of the departments of clinical lectures and hospital reports, as well as of foreign correspondence.

In the Editorial department the greatest care has been exercised to present our readers with entirely fresh abstracts and translations every week and to have the book reviews honest and fair and wholly in the interest of our readers. In the Editorials

themselves we have presented, as the Index shows, a very wide variety of subjects, some of them of the highest degree of importance, and all of interest.

In looking back over the year just ending it will be seen that on more occasions than one it has seemed proper to pass beyond the range of mere scientific discussion, and to comment on men and measures connected with our profession. In this the Editor has endeavored at all times to voice the sentiment of the best part of the profession, of that part which hates and despises sham and clap-trap, and which regards integrity as indispensable to professional character. This part of his duty the Editor of the REPORTER will endeavor to discharge according to his best judgment, remembering that the REPORTER is published not for any one locality or any set in the profession, but for the whole of this continent and parts of almost every other one. At the same time he will receive with appreciation any suggestions from its many readers, looking to an improvement in the REPORTER, and will be very glad to have their expressed support in any moral question which it may discuss.

## DEVELOPMENT OF PULMONARY PHTHISIS.

At the meeting of the American Public Health Association held last October, Dr. P. H. Kretschmar, of Brooklyn, read a paper on the Prevention of Pulmonary Consumption, in which he said that he had no doubt that the disease could be spread by contagion, and propounded some interesting statements in regard to its predisposing causes. He said if there are many children in a family, those born after the sixth or seventh are apt to develop consumption; if the children in a large family are born at short intervals, the younger ones are apt to develop consumption; and, if the offspring of healthy parents, born under the conditions named above, escape the disease, their children are prone to develop it. Dr.



Kretschmar confessed that these views were novel, but said that he thought they were fully justified by his own experience and that of other physicians who had recorded their observations.

It is likely that the observation of any careful student of hereditary influences would be found to confirm the opinions of Dr. Kretschmar; but we must confess our inability to see how this view can be harmonized with his belief in the contagious theory of phthisis. As we understand it, a contagious disease is one that is entirely untrammelled in its choice of victims, except in the case of those who are protected against its invasion. This is clearly the case with small-pox, which is a typical contagious disease. If this disease would, for instance, attack those who happened to be born in the latter part of the reproductive period, in preference to those who are born in the middle portion of this period, it would be conclusive evidence that some special vulnerability to the disease, not apparent to the senses, existed in such individuals, and that the germ of small-pox is not free to act, and not the only factor; yet it is a well-established clinical fact that small-pox respects none but those who are specially protected by a modified form of its own virus.

In addition to this, there seems to be another incongruity in the contagious theory of phthisis in so far as its behavior is related to that of contagious diseases. It has been stated that small-pox protects against a second attack, and it is also true that the offspring of those who have had the disease are less liable to it than others, showing that a certain degree of immunity is conveyed by inheritance. Now in regard to phthisis the very opposite holds true. This disease does not only not afford protection against, but actually paves the way for a second attack, if the individual is fortunate enough to live through the first; while at the same time it increases the vulnerability of his descendants to the disease.

It is very true that much has been done in the laboratory to show that phthisis is an inoculable disease, but that which is gleaned from this source must not clash with the solid facts which are gleaned from the field of practical experience; for under these circumstances the former, instead of serving as a beacon light to the searcher after truth, will "hold eternal anarchy, and by confusion stand."

#### A BAD BLUNDER.

In view of the opinions expressed in our Editorial, December 21, on "Physicians and Politicians," it will not surprise the readers of the REPORTER that we note with great regret the fact that the Faculty of the Jefferson Medical College last week joined hands with an institution for which it has heretofore expressed the greatest contempt, in trying to secure some advantage from the shameful interference of the Mayor in the personnel of the Medical Staff of the Philadelphia Hospital.

To the discomforts which are supposed to come with such strange bed-fellowship, there has been added the open reproof of the most ably-conducted newspapers in Philadelphia, which have criticised not only the action of the Jefferson Medical College, but also the grounds upon which this was taken. They have espoused the transparent fallacy of the assumption that the medical schools of Philadelphia have a right to "representation" in the Staff of the Municipal Hospital, and the hollow selfishness of the demand—first put forward by the Medico-Chirurgical College—that the medical men under whose direction the most remarkable improvements have been effected at the Philadelphia Hospital shall be turned out to make room for others whose strongest claim is that this school has not what it thinks is its share of the offices.

These criticisms will probably suffice to convince the Faculty of the Jefferson Medical College that they have committed a serious blunder, regarded merely from the

standpoint of general morality; but their adoption of the methods of politicians and abandonment of ethical principles of the the profession call for condemnation also from independent medical journals. It is not pleasant to have to speak thus, but it seems to be a duty, and it must be done.

We trust that this will be the last time we shall have to express disapproval where praise would be a more pleasant task; but if necessary the REPORTER will return to a consideration of the crisis at the Philadelphia Hospital, and will not shrink from expressing such opinions as may seem to be in accordance with the principles of right, and conducive to the honor and dignity of the medical profession.

## NOTES AND COMMENTS.

### Falsification of Wine in Brazil.

It appears, from a small pamphlet referred to in the *Lancet*, Nov. 23, 1889, by Dr. Campos da Paz, of Rio de Janeiro, that the manufacture of imitations of wines and liqueurs flourishes unchecked in Rio and forms a more or less important industry. The replies, based on analyses, which were returned by the local official chemists to inquiries submitted by Dr. Campos da Paz and Dr. Freire show that extensive and systematic falsification of a kind likely to be seriously injurious to public health is practiced. Indigo-carmine, dinitro-cresylate of potassium, aloes, chloroform, and the compound ethers of valeric, butyric, and caproic acid, oxalic acid, and amyl alcohol are among the ingredients used in this branch of misapplied chemistry.

### Polluted Rivers.

At the meeting of the Public Health Association, held recently in Brooklyn, Dr. L. S. Kilvington, of Minneapolis, then presented a paper on "Statistics of River Pollution," with some observations relating to the destruction of garbage and refuse matter, and said that the majority of health officials in this country favor the cremation system. He also stated, that in the Mississippi river, during the past year, eight cities alone deposited 152,675 tons of garbage and offal,

108,250 tons of night-soil, and 3,765 dead animals. In the Ohio river, five cities, in the same period, dumped 46,700 tons of garbage, 21,157 tons of night-soil, and 5,100 dead animals. In the Missouri river, four cities cast 36,000 tons of garbage, 22,400 tons of night-soil, and 31,600 dead animals. No theory of self-purification of running water will dwarf the magnitude of this sanitary crime. The speaker doubted the practicability of using garbage as a fertilizer, because, while it contained fertilizing elements, they were not sufficiently concentrated for agricultural use.

### Mercurial Flannel.

In the October number of *L'Union Pharmaceutique*, M. P. Carles gives a detailed account of the method of preparing mercurial flannel, an article which appears to be coming into use in France. Its introduction is due to Professor Merget, of Bordeaux, who in his recent thesis for the degree of Doctor of Medicine, referred to in the *British Med. Journal*, Nov. 23, 1889, shows that when frictions are made with mercurial ointment, the mercury is not absorbed by the healthy skin, and that the metal acts only by the vapors which it spreads, and which are introduced into the system by means of the respiratory passages. The inconveniences attending the use of mercurial applications are well known; they are sometimes difficult to apply, and occasionally they cause cutaneous eruptions and salivation. Professor Merget has proposed to replace them by applications of thick tissues, upon which is fixed an adherent deposit of mercury reduced mechanically to an impalpable powder, and placed in conditions most suitable for it to become slowly vaporized. Flannel is the material used for this purpose. It is first treated with a solution of sodium carbonate in order to free it from grease, and thus prepared it is dipped into a saturated solution of mercurous nitrate and afterwards into liquor ammoniæ; this solution precipitates the mercury in the tissues of the flannel as mercurous ammonium. To make use of the mercurial flannel it is sufficient to place a square of 25 centimetres on one side near the respiratory passages. Although the system is thus in direct contact with the mercurial vapors, it is not saturated by them, for they are rapidly eliminated by the renal and intestinal excretions, and thus an equilibrium is maintained. Experience has

shown that respiring these vapors every night, and leaving them off during the day, sick people and those in good health support them without the least inconvenience during several months. It is necessary to observe that if the mercurial dust from the flannel be inhaled with the vapors, salivation is rapidly produced. The piece of flannel, therefore, must be enclosed in a bag of some light tissue, so as to prevent the dusting out of the mercurial powder. The flannel thus protected is placed under the patient's head if he sleeps on his side, or upon his chest if he lies upon his back. This mercurial flannel will give sensible vapors of mercury which can be recognized by tests for years. It weakens, however, sensibly every day when in contact with the hot body; it is therefore necessary to renew it about every three weeks. It can also be used as an application to the skin in cutaneous affections due to parasites. For this purpose it is applied in the form of a glove, a sleeve, or bandage.

#### Catarrh of Pharynx.

The following is claimed to be a useful gargle in catarrh of the pharynx :

|                          |            |
|--------------------------|------------|
| R Sulph. zinci. . . . .  | gr. xv.    |
| Thymoli . . . . .        | gr. ½      |
| Alcoholi . . . . .       | aa f 3 jss |
| Glycerini puri . . . . . |            |
| Aq. Menth. pip. . . . .  | f 3 x.     |

M.

#### NEWS.

—Dr. S. H. Nichols, Surgeon of the Bloomingdale Insane Asylum, New York, died Dec. 17.

—The Harvard Dental School recently received a gift of \$1,000 to be added to its endowment fund.

—The St. Louis Post-graduate School of Medicine have sold their interests in the *St. Louis Polyclinic* to Dr. L. A. Turnbull, the present Editor.

—Dr. Thomas B. Harvey, of Indianapolis, dean of the faculty of the Indiana Medical College, died on Thursday, the 5th inst., within a few hours after an attack of apoplexy that overwhelmed him while he was delivering a lecture to his class.

—The *British Medical Journal* states that Professor Virchow continues to work diligently upon the new edition of his work on

"Cellular Pathology," and that he expects to have it completed by the time that the International Congress meets at Berlin.

—A Medical College for Chinese has been recently established at Hong Kong and is evidently doing good work in instructing the native students in medicine. It is in charge of Mr. Cantlie, F. R. C. S., late of Charing-cross Hospital as Dean, and there is a full staff of English lecturers and about thirty students.

—Latest advices from St. Petersburg are to the effect that cholera is dying out in the provinces of Persia. In Southern Mesopotamia, on the other hand, all over Irak and among the nomads of the Syrian desert, who resist all medical superintendence, the epidemic is raging with great violence. The Persian authorities are executing the quarantine regulations with considerable rigor.

—So many exaggerated and misleading stories have been sent out in reference to typhoid fever at Yale University, that the faculty, on December 13, had all of the buildings examined by a sanitary engineer, who reported that the buildings and their sanitary systems were in first-class condition, and that the sickness could not have been caused by unsanitary conditions of the dormitories.

—Dr. Seth Pancoast died at his residence in Philadelphia, on the morning of Dec. 16. Dr. Pancoast was born in 1823; was graduated in Medicine at the University of Pennsylvania in 1852. In 1858 he became Professor of Anatomy in the Philadelphia Women's Medical College, which position he held for five years. He had since been made Professor Emeritus and continued such until 1882.

—The coroner's jury in the case of Harris, the New York salesman, who was killed by an electric light wire coming in contact with a show-case which he was assisting in carrying, has rendered a verdict which finds the Brush Electric Light Company wholly responsible for Harris's death. The finding also makes the following recommendations: (1) That the Board of Electrical Control and the Board of Health be requested to use extraordinary and speedy measures to have the wires of all the electric light companies of the city laid underground, and, (2) that the said Boards use all necessary care to have the wires and lamps of all the electric light companies properly insulated.



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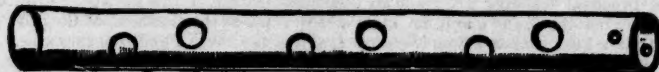
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